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CONFIRMATION NO. 6778

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|---|---|---------------------------------------|--|---|
| <b>SERIAL NUMBER</b><br>10/537,913  | <b>FILING OR 371(c)<br/>DATE</b><br>12/06/2005<br><b>RULE</b>   | <b>CLASS</b><br>600                   | <b>GROUP ART UNIT</b><br>3762  | <b>ATTORNEY<br/>DOCKET NO.</b><br>30028 |
| <b>APPLICANTS</b><br>Giora Amitzur, Mevasseret-Zion, ISRAEL;<br>Shmuel Einav, Herzlia, ISRAEL;<br>Eran Peleg, Mazkeret Batia, ISRAEL;<br>Elya Zimmerman, Tel Aviv, ISRAEL;  |   |                                       |  |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IL03/01025 12/03/2003<br>which claims benefit of 60/431,739 12/09/2002  |   |                                       |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                       |  |   |
| <b>** SMALL ENTITY **</b>   |   |                                       |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged |   | <b>STATE OR<br/>COUNTRY</b><br>ISRAEL | <b>SHEETS<br/>DRAWING</b><br>24  | <b>TOTAL<br/>CLAIMS</b><br>55           |
| Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT<br/>CLAIMS</b><br>3    |  |   |
| <b>ADDRESS</b><br>Martin Moynihan<br>Anthony Castorina<br>Suite 207<br>2001 Jefferson Davis Highway<br>Arlington ,VA 22202  |   |                                       |  |   |
| <b>TITLE</b><br>System for determining endothelial dependent vasoactivity   |   |                                       |  |   |
| <b>FILING FEE<br/>RECEIVED</b><br>1440  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |